

**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM PAWLEWSKI FOR STATE REPRESENTATIVEIMPORTANT: Indicate type of committee you are reporting for: 1( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

NORMAN L. PAWLEWSKI

Political Party

REPUBLICAN

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

HOUSE 61

FORM

**DR-2**

(Rev. 07/2003)

DISCLOSURE  
REPORT**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**

MAY 18 2004

FILED

James C. Harbor  
SIGNATURE OF TREASURER (or person filing this report)515-243-4149  
TELEPHONE5-18-04  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A MAY 19 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate one 1☒ CHECK IF AMENDMENT TO REPORT DATED 5-18-04☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

SEP 27 2004

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.) .....\$ — 0 —**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ...

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3) .....\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES X NO

\$

Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

|  |                      |
|--|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                                   | MONETARY<br>RECEIPTS |
| <input checked="" type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI For STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 5-6-04                      | ID#<br>CK#  | CRAIG A. OR SANDRA M. PATTERSON<br>3220 SUMMIT VISTA DR.<br>DES MOINES IA 50321 |  | \$ 75.00           | <input type="checkbox"/>              |
| 5-6-04                      | ID#<br>CK#  | STEVEN OR CYNDY GUAM<br>8800 SUNFLOWER CIR.<br>URBANDALE IA. 50322              |  | 100.00             | <input type="checkbox"/>              |
| 5-10-04                     | ID#<br>CK#  | BRIAN THOMPSON<br>3663 GRAND # 902<br>DES MOINES IA 50312                       |  | 50.00              | <input type="checkbox"/>              |
| 5-11-04                     | ID#<br>CK#  | MICHAEL M OR SANDRA L. SELLERS<br>2665 WOODLAND CT.<br>WEST DES MOINES IA 50266 |  | 130.00             | <input type="checkbox"/>              |
| 3-26-04                     | ID#<br>CK#  | ROBERT L. BERGSTROM<br>2620 HOLCOMB<br>DES MOINES IA 50310                      |  | 25.00              | <input type="checkbox"/>              |
| 4.30.04                     | ID#<br>CK#  | bank dividend   |  | 1.87               | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 380.00 381.87  
\$ 9,900.00 9901.87

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED

☒ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|--------------------------|---|--|----------------|
| 2-19-04                  | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST<br>DES MOINES IA. 50321      | SAME                                       | \$ 125.00      |
| 2-27-04                  | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA. 50321     |  | 555.00         |
| 2-27-04                  | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA. 50321     |  | 9.82           |
| 4-20-04                  | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321      |  | 22.99          |

TOTAL (PART I)

\$ 125.00

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAYED |
|----------------------|---|--|----------------|
|                      |   |  | \$             |
|                      |   |  |                |
|                      |   |  |                |
|                      |   |  |                |

TOTAL CASH REPAYMENTS (PART II)

\$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN

\$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 125.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED☒ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED<br>(MM/DD/YR)     | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE<br>(If Applicable*) | AMOUNT OF LOAN |
|---------------------------------|--|---|----------------|
| 4-21-04                         | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321         | SAME  | \$ 16.95       |
| 5-04-04                         | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321         | "   | 9.81           |
| FROM<br>3-11-04<br>TO<br>5-7-04 | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321         | "   | 12.50          |
|                                 |  |   |                |

TOTAL (PART I)

\$ 752.07PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE*<br>(If Applicable) | AMOUNT REPAYED |
|-------------------------|--|---|----------------|
|                         |  |   | \$             |
|                         |  |   |                |
|                         |  |   |                |
|                         |  |   |                |

TOTAL CASH REPAYMENTS (PART II)

\$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 125.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 125.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Norm Pawlewski for State Rep

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>D</b><br>(Rev. 08/98)                                      | INCURRED<br>INDEBTEDNESS |
| <input checked="" type="checkbox"/> CHECK THIS BOX<br>IF AMENDING<br>FORM |                          |

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

| DATE<br>INCURRED<br>(MM/DD/YR) | NAME AND ADDRESS OF PERSON<br>TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS OR<br>SERVICES PROVIDED OR<br>PURCHASED | BALANCE OWED AT<br>CLOSE OF<br>REPORTING<br>PERIOD* |
|--------------------------------|--|--|---|
| 2-27-04                        | Norman Pawlewski<br>3707 SW 28th St.<br>Des Moines, IA 50321     | postage  | \$ 555.00   |
| 2-27-04                        | 11   | copies   | 9.82  |
| 4-20-04                        | 11   | 11   | 22.99   |
| 4-21-04                        | 11   | 11   | 16.95   |
| 5-4-04                         | 11   | 11   | 9.81  |
| Period                         | 11   | 11   | 12.50   |
|                                |  |  |   |

SUB-TOTAL

\$

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\$

627.07

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI For STATE REPRESENTATIVE**IMPORTANT: Indicate type of committee you are reporting for: ☒( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

**NORMAN L. PAWLEWSKI**

Political Party

**REPUBLICAN**

Office Sought

**STATE REPRESENTATIVE**

District (if Senate or House)

**HOUSE 61**

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

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Computer

Audited

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**

MAY 18 2004

FILED

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A MAY 19 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate one ☒☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
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Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.) .....\$ — 0 —**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

9,900.00

Schedule F: Loans Received total (Attach Schedule F) .....

752.07

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

- 0 -**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL.....\$

10,652.07**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...

7,011.91

Schedule F: Loan Repayments total (Attach Schedule F) .....

2987.17CASH ON HAND at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3) .....\$**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....\$- 0 -**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$110.00**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....\$- 0 -**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI For STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED<br>(MM/DD/YR)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                                       | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|---|--|--------------------|---------------------------------------|
| 3-08-04                               | ID#<br>CK#  | CHARLES AND KAY PUTBRESE<br>1900 MCKINLEY AVE<br>DES MOINES IA. 50315 |  | \$ 100.00          | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | RON AND ZELDA NELLEM<br>1068 CLOVER HILL DR.<br>DES MOINES IA 50320   |  | 10.00              | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | VAL + ELIZABETH SMITH<br>223 52ND ST.<br>DES MOINES IA. 50312         |  | 150.00             | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | CHRIS AND KIM MILLER<br>2801 WOLCOTT AVE<br>DES MOINES IA. 50321      |  | 65.00              | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | G. KEIGH HOWLAND<br>100 W. NEBRASKA Box 97<br>LENOX IA. 50851         |  | 150.00             | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | KEN AND LORI HILTEDAHL<br>8935 LYNTHURST DR.<br>JOHNSTON IA. 50131    |  | 50.00              | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | DAVE LONG<br>3220 JEFFERSON<br>DES MOINES IA 50310                    |  | 5.00               | <input type="checkbox"/>              |
| 3-9-04                                | ID#<br>CK#  | PHIL WATSON<br>203 S. KENWOOD<br>INDIANOLA IA. 50126                  |  | 100.00             | <input type="checkbox"/>              |
| 3-10-04                               | ID#<br>CK#  | DR DONALD OR MARY HILL<br>2216 KINGWOOD CT.<br>FAIRFIELD IA. 52556    |  | 130.00             | <input type="checkbox"/>              |
| 3-10-04                               | ID#<br>CK#  | MICHAEL McDANIEL<br>2733 NW 161 ST. ST.<br>CLIVE IA. 50325            |  | 225.00             | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |   |  | \$ 985.00          |                                       |
| TOTAL (If last page of this schedule) |   |   |  | \$                 |                                       |

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Page 1 of 13  
(for Schedule A)





For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PANLEWSKI FOR STATE REPRESENTATIVE**

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| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|--|--|--------------------|---------------------------------------|
| 3-10-04                     | ID#<br>CK#  | MARY ANN FREELAND<br>6550 SE 32 <sup>ND</sup> AVE.<br>DES MOINES IA. 50327                     |  | \$ 50.00           | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | DALE AND MARY L. KENNEDY<br>3114 48 <sup>TH</sup> ST<br>DES MOINES IA. 50310                   |  | 10.00              | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | MARYNA SELDEN<br>2101 PLEASANT ST.<br>WEST DES MOINES IA. 50265                                |  | 25.00              | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | MRS MARY ELLEN HURD<br>809 - 46 <sup>TH</sup> ST.<br>WEST DES MOINES IA 50265                  |  | 100.00             | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | JAMES W. OR CATHERINE R. ERICKSON<br>3818 THORNTON AVE.<br>DES MOINES IA. 50321                |  | 100.00             | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | EDWARD J. OR VICTORIA A. HEATZ<br>5912 DAKOTA DR.<br>WEST DES MOINES IA 50266                  |  | 50.00              | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | J.W. COPPOLA, D.O.<br>FAMILY CARE PHYSICIANS<br>753 8 <sup>TH</sup> ST SW<br>ALTOONA IA. 50009 |  | 65.00              | <input type="checkbox"/>              |
| 3-11-04                     | ID#<br>CK#  | RICHARD A. KUNITZ<br>KAY KUNITZ<br>13621 SUMMIT DR.<br>CLIVE IA 50325                          |  | 50.00              | <input type="checkbox"/>              |
| 3-12-04                     | ID#<br>CK#  | ROSEMARY A. PETERSON<br>668 42 <sup>ND</sup> ST.<br>DES MOINES IA. 50312                       |  | 50.00              | <input type="checkbox"/>              |
| 3-12-04                     | ID#<br>CK#  | ROBERT OR DORALYN UNDERBERG<br>2876 W. AVE.<br>WAUKEE IA. 50263                                |  | 50.00              | <input type="checkbox"/>              |

SUB-TOTAL

\$ 550.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 13  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|--|--|--------------------|---------------------------------------|
| 3-12-04                     | ID#<br>CK#  | CAPT. DENNIS L. ANDERSON MC USA<br>LINDA C. ANDERSON<br>5915 E. OAKWOOD DR.<br>PLEASANT HILL IA. 50327 |  | \$ 225.00          | <input type="checkbox"/>              |
| 3-12-04                     | ID#<br>CK#  | JERALD J. COOPER<br>MARY E. COOPER<br>1817 74TH ST.<br>WINDSOR HEIGHTS IA 50322                        |  | 50.00              | <input type="checkbox"/>              |
| 3-12-04                     | ID#<br>CK#  | MICHAEL DA JANE G. MCCOURT<br>3830 LANEWOOD DR.<br>DES MOINES IA. 50311                                |  | 25.00              | <input type="checkbox"/>              |
| 3-12-04                     | ID#<br>CK#  | ROGER V. OR MARY C. HANSEN<br>5210 TAMARA PT.<br>PANORA IA. 50216                                      |  | 200.00             | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | VALLEY JUNCTION MEDICINE P&C<br>TRACEY LARRISON<br>404 5TH ST.<br>WEST DES MOINES IA 50265             |  | 65.00              | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | DR. TERRANCE KURTZ<br>3154 ASHWORTH RD.<br>WAUKEE IA. 50263  |  | 120.00             | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | PETER WOZNIUK<br>JUDY C. WOZNIUK<br>7808 MAPLE DR.<br>URBANDALE IA. 50322                              |  | 50.00              | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | JAMES A. GARBISON<br>OR VIRGINIA L. GARBISON<br>1908 44TH<br>DES MOINES IA. 50310                      |  | 20.00              | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | MARY D. FOOTE<br>3000 GRAND AVE #212<br>DES MOINES IA. 50312   |  | 25.00              | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | EGMX IMAGING SERVICES PLC<br>FRED MARGOLIN D.O.<br>2773 DEER CREEK TRAIL<br>URBANDALE IA. 50323        |  | 200.00             | <input type="checkbox"/>              |

SUB-TOTAL

\$ 980.00

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|--|--|--------------------|---------------------------------------|
| 3-13-04                     | ID#<br>CK#  | JOHN R. KELLY<br>ANOGENE KELLY<br>3214 POCKERBRUSH<br>ADEL IA. 50003                                   |  | \$ 250.00          | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | EUGENE R. HOLST<br>CYNTHIA S. BEHRER<br>BETTENDORF IA. 52722   |  | 100.00             | <input type="checkbox"/>              |
| 3-13-04                     | ID#<br>CK#  | DONALD J. ANDERSON DO.<br>JOAN M. ANDERSON<br>3317 SOUTHERN HILLS DR.<br>DES MOINES IA 50321           |  | 150.00             | <input type="checkbox"/>              |
| 3-14-04                     | ID#<br>CK#  | SHERY L. GOODWIN<br>5929 VANDALIA DR.<br>DES MOINES IA 50326   |  | 100.00             | <input type="checkbox"/>              |
| 3-15-04                     | ID#<br>CK#  | FAMILY CARE PHYSICIANS<br>LARRY J. COPPOLA DO.<br>453 8TH ST.<br>ALTOONA IA. 50009                     |  | 65.00              | <input type="checkbox"/>              |
| 3-15-04                     | ID#<br>CK#  | LOREN C. HERMAN<br>JEANNE M. HERMAN<br>214 E. SUMMERFIELD<br>RUSSEL IA. 50238                          |  | 20.00              | <input type="checkbox"/>              |
| 3-15-04                     | ID#<br>CK#  | FRANCES FELL<br>ROY E. FELL DO<br>601 S. CLEVELAND ST.<br>MOUNT Ayr IA 50854                           |  | 35.00              | <input type="checkbox"/>              |
| 3-15-04                     | ID#<br>CK#  | LELANDE. OR GLORIANN LANE<br>105 3RD ST NE<br>HAMPTON IA. 50441  |  | 50.00              | <input type="checkbox"/>              |
| 3-15-04                     | ID#<br>CK#  | SCOTT R. LARSEN<br>JANE A. LARSEN<br>4825 84TH ST.<br>URBANDALE IA. 50322                              |  | 10.00              | <input type="checkbox"/>              |
| 3-16-04                     | ID#<br>CK#  | ROBERT D. AND MARILEE A. YORK<br>REVOCABLE TRUST DTD 09-22-77<br>5933 N. WINWOOD<br>JOHNSTON IA. 50131 |  | 50.00              | <input type="checkbox"/>              |

SUB-TOTAL

\$ 830.00

TOTAL (if last page of this schedule)

\$

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI For STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 3-16-04                     | ID#<br>CK#  | DR. JOHN AND MARIAN MEYER<br>23702 282ND ST.<br>LA MOTTE IA. 52054                            |  | \$ 100.00          | <input type="checkbox"/>              |
| 3-16-04                     | ID#<br>CK#  | CHARLES T. ALLEN<br>JUDY ALLEN<br>14032 HAWTHORN DR.<br>CLIVE IA 50325                        |  | 25.00              | <input type="checkbox"/>              |
| 3-16-04                     | ID#<br>CK#  | RONALD E. DR JERI L. BABB<br>3701 SW 28TH ST.<br>DES MOINES IA. 50321                         |  | 130.00             | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | DR. A.D. SAVAGE- MRS.D.J.SAVAGE<br>OFFICE ACCOUNT<br>107 E. MADISON<br>MT. PLEASANT IA. 52641 |  | 65.00              | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | H.M. PERRYMAN D.O.<br>970 S. BOWMAN RD.<br>APACHE JUNCTION AZ 85219                           |  | 25.00              | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | ROBERT S. HICKS<br>2106 40TH PL.<br>DES MOINES IA. 50310                                      |  | 25.00              | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | MONROE COUNTY CLINIC, PRIVATE CORP.<br>GARY W. DAVIS D.O.<br>P.O BOX 665<br>ALBION IA 52531   |  | 100.00             | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | DAN DUBERSTEIN DO<br>NARREN DUBERSTEIN DO<br>400 TONAWANDA DR.<br>DES MOINES IA 50312         |  | 65.00              | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | MRS J. R. PARRISH<br>3603 50TH ST.<br>DES MOINES IA 50310                                     |  | 25.00              | <input type="checkbox"/>              |
| 3-17-04                     | ID#<br>CK#  | MARK E. EASTER DO<br>BENNA L. EASTER<br>109 E. SOUTH ST.<br>LAMONI IA. 50140                  |  | 100.00             | <input type="checkbox"/>              |

SUB-TOTAL

\$660.00

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI For STATE REPRESENTATIVE**

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| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 3-17-04                     | ID#<br>CK#  | IRVING FRENCH FTEE<br>FBO IRVING FRENCH TRUST<br>1015 OAKRIDGE DR.<br>JACKSON MI 49203      |  | \$ 100.00          | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | DAVID L. TAYLOR<br>MARLYS J. TAYLOR<br>308 PRAIRIE VIEW DR.<br>CARROL IA. 51401             |  | 100.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | RICHARD OR NANCY J. SHAFFER<br>4314 SPRING<br>DAVENPORT IA 52807                            |  | 100.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | MAJ. JEFFREY L. HAMRE D.O.<br>CARMELLA E. HAMRE<br>2457 WIDGEON DR.<br>CLARKSVILLE TN 37042 |  | 100.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | FAMILY PRACTICE CLINIC<br>DR. M.J. MCCORMICK<br>125 SCHOOL ST.<br>CARLISLE IA 50047         |  | 130.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | ELIZABETH R. PAGE<br>2400 - 48TH PLACE<br>DES MOINES IA 50310                               |  | 25.00              | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | CHERYN L. HUBER<br>3824 SW 29TH ST.<br>DES MOINES IA. 50321                                 |  | 500.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | JAMES C. HUBER<br>3824 SW 29TH ST.<br>DES MOINES IA 50321                                   |  | 500.00             | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | RUTH M. KABITZKE<br>1197 DENNYER DR.<br>ALLEMAN IA. 50007                                   |  | 50.00              | <input type="checkbox"/>              |
| 3-18-04                     | ID#<br>CK#  | ROBERT B. BUTTON<br>1919 66TH ST.<br>WINDSOR HEIGHTS IA 50322                               |  | 5.00               | <input type="checkbox"/>              |

SUB-TOTAL

\$ 1610.00

TOTAL (if last page of this schedule)

\$

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAULENSKI FOR STATE REPRESENTATIVE**

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| DATE RECEIVED<br>(MM/DD/YR)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|---|--|--------------------|---------------------------------------|
| 3-18-04                               | ID#<br>CK#  | DEANNA L. GINKENS<br>BRIAN J. GINKENS<br>6516 NW 97TH ST<br>JOHNSTON IA. 50131      |  | \$ 20.00           | <input type="checkbox"/>              |
| 3-19-04                               | ID#<br>CK#  | GEORGE G. CAUDILL<br>DOROTHY S. CAUDILL<br>3900 SW 28TH ST.<br>DES MOINES IA. 50321 |  | 25.00              | <input type="checkbox"/>              |
| 3-20-04                               | ID#<br>CK#  | AUDRENE HANSEN<br>4301 PARK AVE NO. 630<br>DES MOINES IA 50321                      |  | 20.00              | <input type="checkbox"/>              |
| 3-20-04                               | ID#<br>CK#  | PAUL J. PRENDERGAST<br>MARILYN PRENDERGAST<br>1219 WATROUS<br>DES MOINES IA. 50315  |  | 50.00              | <input type="checkbox"/>              |
| 3-20-04                               | ID#<br>CK#  | DR KENNETH H. MOON<br>SANDRA P. MOON<br>701 S. 35TH ST<br>DES MOINES IA. 50265      |  | 100.00             | <input type="checkbox"/>              |
| 3-22-04                               | ID#<br>CK#  | DR. JAMES M. CUNNINGHAM DO<br>609 DAVIS ST.<br>AUDUBON IA 50025                     |  | 50.00              | <input type="checkbox"/>              |
| 3-22-04                               | ID#<br>CK#  | DR OR MRS. JE. COXE JR.<br>3021 WOLCOTT AVE.<br>DES MOINES IA 50321                 |  | 130.00             | <input type="checkbox"/>              |
| 3-22-04                               | ID#<br>CK#  | PERRY G. BLEADORN<br>MARY N. BLEADORN<br>1917 47TH ST.<br>DES MOINES IA 50310       |  | 50.00              | <input type="checkbox"/>              |
| 3-22-04                               | ID#<br>CK#  | HERMAN M. OR NAIDA M. REEVE<br>1489 NW 92ND ST.<br>CLIVE IA 50325                   |  | 35.00              | <input type="checkbox"/>              |
| 3-22-04                               | ID#<br>CK#  | SAM J. LONG - DORIS N. LONG<br>3708 SW 28TH ST.<br>DES MOINES IA. 50321             |  | 75.00              | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |   |  | \$555.00           |                                       |
| TOTAL (if last page of this schedule) |   |   |  | \$                 |                                       |

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI For STATE REPRESENTATIVE**

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| DATE<br>RECEIVED<br>(MM/DD/YR)        | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|--|--|--------------------|---------------------------------------|
| 3-23-04                               | ID#<br>CK#  | DENNIS J. OR NANCY GALEAZZI<br>3613 SW 28TH ST.<br>DES MOINES IA 50321             |  | \$ 65.00           | <input type="checkbox"/>              |
| 3-23-04                               | ID#<br>CK#  | DR. KENNETH W. VAN WYK<br>PATRICIA A. VAN WYK<br>775 218TH PLACE<br>PELLA IA 50219 |  | 100.00             | <input type="checkbox"/>              |
| 3-24-04                               | ID#<br>CK#  | MARH J. OR MINDA A. DEARDEN<br>6160 JOANNE LN.<br>ALTOONA WI 54720                 |  | 25.00              | <input type="checkbox"/>              |
| 3-24-04                               | ID#<br>CK#  | DANA LEE PETROWSKY<br>3701 BRECKENRIDGE CIR.<br>WEST DES MOINES IA 50265           |  | 100.00             | <input type="checkbox"/>              |
| 3-24-04                               | ID#<br>CK#  | DR. JOHN B. DILLEY<br>JENNIFER B. DILLEY<br>13361 HICKORY AVE.<br>CLIVE IA 50325   |  | 50.00              | <input type="checkbox"/>              |
| 3-24-04                               | ID#<br>CK#  | LINDA DAVIS<br>2400 ASHWORTH RD.<br>WEST DES MOINES IA 50265                       |  | 100.00             | <input type="checkbox"/>              |
| 3-25-04                               | ID#<br>CK#  | GERALD L. HAAS D.O.<br>MONROE PROFESSIONAL BLDG.<br>Box 123<br>ALBIA IA 52531      |  | 200.00             | <input type="checkbox"/>              |
| 3-25-04                               | ID#<br>CK#  | MARY E. BROWN<br>2815 GRAND AVE. APT 34<br>DES MOINES, IA 50312                    |  | 50.00              | <input type="checkbox"/>              |
| 3-26-04                               | ID#<br>CK#  | SHIRLEY J. McDUGAL<br>3011 MELANIE DR.<br>URBANDALE IA 50322                       |  | 130.00             | <input type="checkbox"/>              |
| 3-26-04                               | ID#<br>CK#  | JANET E. SECOR DO<br>1714 RARAGON AVE.<br>FORT DODGE IA 50501                      |  | 15.00              | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |  |  | \$ 835.00          |                                       |
| TOTAL (if last page of this schedule) |   |  |  | \$                 |                                       |

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |  |                      |
|---|--|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        |  | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |  |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

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| DATE<br>RECEIVED<br>(MM/DD/YR)        | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|--|--|--------------------|---------------------------------------|
| 3-27-04                               | ID#<br>CK#  | WILLIAM LARSON<br>ANN O LARSON<br>1209 W. EUCLID<br>INDIANOLA IA 50125             |  | \$ 100.00          | <input type="checkbox"/>              |
| 3-27-04                               | ID#<br>CK#  | GARY L. OR SHARON A. ROTH<br>6140 BRANDYWINE<br>JOHNSTON IA 50131                  |  | 65.00              | <input type="checkbox"/>              |
| 3-27-04                               | ID#<br>CK#  | SARA E. SUTTON DO<br>3219 SW 39TH ST.<br>DES MOINES IA 50321                       |  | 100.00             | <input type="checkbox"/>              |
| 3-27-04                               | ID#<br>CK#  | GERALD OR JUNE M. JAEHNEL<br>1140 NE 52ND AVE.<br>DES MOINES IA 50313              |  | 25.00              | <input type="checkbox"/>              |
| 3-27-04                               | ID#<br>CK#  | WILLIAM M. OR KAREN L. ROBERTS<br>2103 SE 82ND<br>RUNNELLS IA 50237                |  | 30.00              | <input type="checkbox"/>              |
| 3-29-04                               | ID#<br>CK#  | CHARLES H. OR EDITA L. UNDERWOOD<br>110 ASHLAND CT.<br>WAUKEE IA 50263             |  | 25.00              | <input type="checkbox"/>              |
| 3-29-04                               | ID#<br>CK#  | JACQUELINE M. STOKEN DO<br>3750 RIVER OAKS DR.<br>DES MOINES IA 50312              |  | 50.00              | <input type="checkbox"/>              |
| 3-29-04                               | ID#<br>CK#  | TIMOTHY C. OR CHRISS A. MELINE<br>3619 SW 28TH ST<br>DES MOINES IA 50321           |  | 100.00             | <input type="checkbox"/>              |
| 3-29-04                               | ID#<br>CK#  | GREG HOVERSTON DO<br>4705 STONE PARK BLVD.<br>SIOUX CITY IA 51103                  |  | 65.00              | <input type="checkbox"/>              |
| 3-30-04                               | ID#<br>CK#  | DAVID B. RASMUSSEN<br>JILL M. RASMUSSEN<br>2701 SE 25TH ST.<br>DES MOINES IA 50320 |  | 25.00              | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |  |  | \$585.00           |                                       |
| TOTAL (if last page of this schedule) |   |  |  | \$                 |                                       |

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |  |                      |
|---|--|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        |  | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |  |                      |

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|--|--|--------------------|-------------------------------------|
| 3-30-04                               | ID#<br>CK#  | RICHARD F. FOWLER<br>NEVA A. FOWLER<br>8916 NEW YORK AVE.<br>URBANDALE IA 50322          |  | \$ 25.00           | <input type="checkbox"/>            |
| 3-31-04                               | ID#<br>CK#  | RICHARD DICKS<br>4106 BRIARCLIFF DR.<br>DES MOINES IA 50317                              |  | 100.00             | <input type="checkbox"/>            |
| 4-01-04                               | ID#<br>CK#  | JOSEPH S. CORTESE II<br>DIANE C. CORTESE<br>2915 SHERRY LANE<br>URBANDALE IA 50322       |  | 50.00              | <input type="checkbox"/>            |
| 4-01-04                               | ID#<br>CK#  | JAMES R. WISTROM<br>4417 SE 57TH AVE<br>DES MOINES IA 50320                              |  | 25.00              | <input type="checkbox"/>            |
| 4-01-04                               | ID#<br>CK#  | DR. JOHN E. HODGES DO<br>213 WALNUT STREET<br>LAURENS IA 50554                           |  | 50.00              | <input type="checkbox"/>            |
| 4-01-04                               | ID#<br>CK#  | JOSEPH B. BAKER DO<br>HELEN M. BAKER RN<br>5921 WINWOOD DR. APT 111<br>JOHNSTON IA 50131 |  | 65.00              | <input type="checkbox"/>            |
| 4-01-04                               | ID#<br>CK#  | D. IRENE WAGMAN<br>2421 WINDOVER DR.<br>ANKENY IA 50021                                  |  | 35.00              | <input type="checkbox"/>            |
| 4-02-04                               | ID#<br>CK#  | DONALD E. OR MURIEL M. SPONG<br>1401 48TH ST.<br>DES MOINES IA 50311                     |  | 25.00              | <input type="checkbox"/>            |
| 4-02-04                               | ID#<br>CK#  | LINDA K. MYERS<br>1204 WALKER<br>DES MOINES IA 50316                                     |  | 50.00              | <input type="checkbox"/>            |
| 4-02-04                               | ID#<br>CK#  | STEVEN J. DAUGHERTY<br>TERRY B. DAUGHERTY<br>819 TOWNSEND AVE.<br>URBANDALE IA 50322     |  | 50.00              | <input type="checkbox"/>            |
| SUB-TOTAL                             |   |  |  | \$ 475.00          |                                     |
| TOTAL (if last page of this schedule) |   |  |  | \$                 |                                     |

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|---|--|--------------------|-------------------------------------|
| 4-02-04                               | ID#<br>CK#  | DARWIN SCHOSSOW DO<br>635 POCK BLVD.<br>DES MOINES IA 50312                   |  | \$ 100.00          | <input type="checkbox"/>            |
| 4-05-04                               | ID#<br>CK#  | DAVID OR SHELLY A. PAWLEWSKI<br>2903 WILLOW MEZE DR.<br>DES MOINES IA. 50321  | SON +<br>DAUGHTER<br>IN LAW                      | 100.00             | <input type="checkbox"/>            |
| 4-06-04                               | ID#<br>CK#  | PHILIP C. SMITH<br>MARY FERRARO SMITH<br>13312 KATRINKA DR.<br>BOWIE MD 20720 |  | 100.00             | <input type="checkbox"/>            |
| 4-06-04                               | ID#<br>CK#  | WILLIAM H. GRELL<br>KIMBERLY J. GRELL<br>3708 79TH ST.<br>URBANDALE IA 50322  |  | 50.00              | <input type="checkbox"/>            |
| 4-07-04                               | ID#<br>CK#  | WALTER B. OR DORIS E. BOE<br>4512 75TH ST.<br>DES MOINES IA 50322             |  | 50.00              | <input type="checkbox"/>            |
| 4-07-04                               | ID#<br>CK#  | ROD OR MAXINE K SIELEMAN<br>407 E. SHERIDAN AVE.<br>DES MOINES IA 50313       |  | 100.00             | <input type="checkbox"/>            |
| 4-10-04                               | ID#<br>CK#  | DR UELMA BOSTON-DEBORA KUPER<br>P.O. Box 454<br>SHALLER IA 50053              |  | 15.00              | <input type="checkbox"/>            |
| 4-12-04                               | ID#<br>CK#  | DR. E. L. WALLACE<br>1019 BROADLAWN AVE.<br>BETTENDORF IA 52722               |  | 100.00             | <input type="checkbox"/>            |
| 4-14-04                               | ID#<br>CK#  | DR. RICHARD F. COATNEY<br>1507 TERESA DR.<br>ATLANTIC IA. 50022               |  | 75.00              | <input type="checkbox"/>            |
| 4-14-04                               | ID#<br>CK#  | JAMES E. SYKES<br>15133 WOODCREEK LN.<br>CLIVE IA. 50325                      |  | 100.00             | <input type="checkbox"/>            |
| SUB-TOTAL                             |   |   |  | \$ 790.00          |                                     |
| TOTAL (if last page of this schedule) |   |   |  | \$                 |                                     |

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Page 11 of 13  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |  |                      |
|---|--|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        |  | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |  |                      |

COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED<br>(MM/DD/YR)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|--|--|--------------------|---------------------------------------|
| 4-14-04                               | ID#<br>CK#  | HEAVY MEDICINE INC. P.C.<br>1300 DES MOINES ST. SUITE 109<br>DES MOINES IA 50309<br>DR. DAVID M. HALL D.O. |  | \$ 65.00           | <input type="checkbox"/>              |
| 4-19-04                               | ID#<br>CK#  | DR. K.L. OR FREDA CLAYTON<br>902 12TH ST.<br>SPIRIT LAKE IA 51360  |  | 100.00             | <input type="checkbox"/>              |
| 4-19-04                               | ID#<br>CK#  | FRANK A. STERBENZ JR.<br>JANICE T. STERBENZ<br>382 DECKER RD.<br>SHERIDAN WY 82801                         |  | 25.00              | <input type="checkbox"/>              |
| 4-22-04                               | ID#<br>CK#  | GREGORY L. INGLE D.O. P.C.<br>DBA PRAIRIE CITY FAMILY CLINIC<br>100 E. JEFFERSON<br>PRAIRIE CITY IA 50228  |  | 100.00             | <input type="checkbox"/>              |
| 4-22-04                               | ID#<br>CK#  | L. DEAN RICH<br>4600 SW 16TH ST.<br>DES MOINES IA 50315  |  | 25.00              | <input type="checkbox"/>              |
| 4-22-04                               | ID#<br>CK#  | BRIAN T. JENNINGS<br>5914 SW 7TH ST.<br>DES MOINES IA 50315  |  | 20.00              | <input type="checkbox"/>              |
| 4-23-04                               | ID#<br>CK#  | MARJORIE A. OR JOHN H. SWAN<br>4301 PARK AVE UNIT 530<br>DES MOINES IA 50321                               |  | 50.00              | <input type="checkbox"/>              |
| 4-27-04                               | ID#<br>CK#  | ROY J. PORTER OR<br>JOHN A. PORTER<br>2001 NW 81ST ST.<br>CLIVE IA 50325                                   |  | 50.00              | <input type="checkbox"/>              |
| 5-3-04                                | ID#<br>CK#  | DANA C. SHAFFER D.O.<br>JOAN E. SHAFFER<br>Box 87 EXIRA IA 5007L   |  | 100.00             | <input type="checkbox"/>              |
| 5-3-04                                | ID#<br>CK#  | DR. GREGORY J. KOSTERS<br>5359 180TH ST.<br>SIBLEY IA 51249  |  | 130.00             | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |  |  | \$ 665.00          |                                       |
| TOTAL (if last page of this schedule) |   |  |  | \$                 |                                       |

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**NORM PAWLEWSKI For STATE REPRESENTATIVE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR)        | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|---------------------------------------|---|---|--|--------------------|---------------------------------------|
| 5-6-04                                | ID#<br>CK#  | CRAIG A. OR SANDRA M. PATTERSON<br>3220 SUMMIT VISTA DR.<br>DES MOINES IA 50321 |  | \$ 75.00           | <input type="checkbox"/>              |
| 5-6-04                                | ID#<br>CK#  | STEVEN OR CYNDY QUAM<br>8800 SUNFLOWER CIR.<br>URBANDALE IA. 50322              |  | 100.00             | <input type="checkbox"/>              |
| 5-10-04                               | ID#<br>CK#  | BRIAN THOMPSON<br>3663 GRAND # 902<br>DES MOINES IA 50312                       |  | 50.00              | <input type="checkbox"/>              |
| 5-11-04                               | ID#<br>CK#  | MICHAEL M OR SANDRA L. SELLER<br>2665 WOODLAND CT.<br>WEST DES MOINES IA 50266  |  | 130.00             | <input type="checkbox"/>              |
| 3-26-04                               | ID#<br>CK#  | ROBERT L. BERGSTROM<br>2620 HOLCOMB<br>DES MOINES IA 50310                      |  | 25.00              | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
|                                       | ID#<br>CK#  |   |  |                    | <input type="checkbox"/>              |
| SUB-TOTAL                             |   |   |  | \$ 380.00          |                                       |
| TOTAL (If last page of this schedule) |   |   |  | \$ 9,900.00        |                                       |

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Page 13 of 13  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI For STATE REPRESENTATIVE**

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE      | PURPOSE<br>(DESCRIBE TRANSACTION)   | AMOUNT<br>EXPENDED |
|---------------------------------------|---|---|---|--------------------|
| 3-22-04                               | ID#<br>CK# 1001   | CHRISTIAN PRINTERS INC.<br>1411 21ST ST<br>DES MOINES IA 50311          | LETTER HEAD WITH LETTER<br>BODY - OUTSIDE AND<br>INSIDE ENVELOPES<br>BUSINESS CARDS               | \$ 935.72          |
| 3-26-04                               | ID#<br>CK# 1002   | REPUBLICAN PARTY OF<br>IOWA<br>621 EAST 9TH ST.<br>DES MOINES IA. 50309 | LMF CANDIDATE<br>SCHOOL   | 50.00              |
| 4-5-04                                | ID#<br>CK# 1003   | VICTORY STORE.COM<br>5200 S.W. 30TH ST.<br>DAVENPORT IA. 52802          | 3000 CLEAR LIT. BAGS<br>5,000 BUSINESS CARD<br>MAGNETS<br>S+H                                     | 1,289.45           |
| 4-7-04                                | ID#<br>CK# 1004   | CHRISTIAN PRINTERS INC.<br>1411 21ST ST.<br>DES MOINES IA. 50311        | LETTER TO ACQUIRE<br>YARD SIGN LOCATIONS<br>VOTER LETTER FOR<br>DOOR TO DOOR                      | 50.88              |
| 4-7-04                                | ID#<br>CK# 1005   | POLK CO. AUDITOR  | 3 DISTRICT MAPS<br>1 CITY MAP   | 10.00              |
| 4-7-04                                | ID#<br>CK# 1006   | DES MOINES MAIN<br>POST OFFICE  | 200 - 37c STAMPS<br>FOR THANK YOUS AND<br>YARD SIGN LOCATION LETTERS                              | 74.00              |
| 4-12-04                               | ID#<br>CK# 1007   | VICTORY STORE.COM<br>5200 S.W. 30TH ST.<br>DAVENPORT IA 52802           | 250 - 18x24 YARD SIGNS<br>25 - 3x4' YARD SIGNS<br>500 - YARD SIGN FRAMES<br>1000 - LABEL STICKERS | 1,298.78           |
| 4-12-04                               | ID#<br>CK# 1008   | KINKO'S<br>400 LOCUST ST<br>DES MOINES IA 50309                         | 474 PAGES - COPIES<br>OF VOTER LISTS -<br>WALKING ORDER + FREQUENT<br>VOTERS                      | 35.17              |
| SUB-TOTAL                             |   |   |   | \$ 3743.00         |
| TOTAL (if last page of this schedule) |   |   |   | \$                 |

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION)                                      | AMOUNT<br>EXPENDED |
|---------------------------------------|---|--|--|--------------------|
| 4-15-04                               | ID#<br>CK# 1009   | BEST BUY #19<br>DES MOINES IA<br>50315                             | HP PSC 2410 - PRINTER<br>SCANNER - COPIER                              | \$ 316.19          |
| 4-28-04                               | ID#<br>CK# 1010   | CHRISTIAN PRINTERS INC.<br>1411 21ST ST.<br>DES MOINES IA 50311    | 500 DOOR TO DOOR LETTER<br>5,000 THINGS TO DO PADS<br>FOR DOOR TO DOOR | 2,895.92           |
| 5-7-04                                | ID#<br>CK# 1011   | MENARDS<br>6000 S.E. 14TH ST.<br>DES MOINES IA 50320               | 15 - 5 1/2" STEEL POSTS<br>FOR 3x4 ft signs.                           | 43.66              |
| 5-11-04                               | ID#<br>CK# 1012   | MENARDS<br>1411 21ST ST.<br>DES MOINES IA 500320                   | 5 - 5 1/2' STEEL POSTS<br>FOR 3x4 ft. SIGNS                            | 13.14              |
|                                       | ID#<br>CK#  |  |  |                    |
|                                       | ID#<br>CK#  |  |  |                    |
|                                       | ID#<br>CK#  |  |  |                    |
|                                       | ID#<br>CK#  |  |  |                    |
| SUB-TOTAL                             |   |  |  | \$ 3268.91         |
| TOTAL (if last page of this schedule) |   |  |  | \$ 7011.91         |

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

Reset Form

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 06/97)                        | IN KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

| DATE<br>RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS<br>OF CONTRIBUTOR                                 | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|--------------------------------|--|---|---|-----------------------------------|---|
| 3-11-04                        | REPUBLICAN PARTY<br>OF IOWA - 621 EAST 9TH<br>DES MOINES IA. 50309 | —   | DRAFTING<br>OF FUND<br>RAISING LETTER     | \$ 110.00                         | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |

SUB-TOTAL \$ 110.00

TOTAL (if last  
page of this  
schedule) \$ 110.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM PAWLEWSKI FOR STATE REPRESENTATIVE

SCHEDULE

F

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP<br>TO CANDIDATE<br>(If Applicable*) | AMOUNT<br>OF LOAN |
|-----------------------------|--|--|-------------------|
| 2-19-04                     | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST<br>DES MOINES IA. 50321         | SAME   | \$ 125.00         |
| 2-27-04                     | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA. 50321        |  | 555.00            |
| 2-27-04                     | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA. 50321        |  | 9.82              |
| 4-20-04                     | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321         |  | 22.99             |

TOTAL (PART I)

\$ \_\_\_\_\_

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP<br>TO CANDIDATE*<br>(If Applicable) | AMOUNT<br>REPAID |
|-------------------------|--|--|------------------|
|                         |  |  | \$               |
|                         |  |  |                  |
|                         |  |  |                  |
|                         |  |  |                  |

TOTAL CASH REPAYMENTS (PART II)

\$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN

\$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ \_\_\_\_\_

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.



COMMITTEE NAME (Must be same as on Statement of Organization)

**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

SCHEDULE

**F**

(Rev. 07/03)

**LOANS  
RECEIVED  
& REPAYED**☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED (MM/DD/YR)        | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|---------------------------------|---|--|----------------|
| 4-21-04                         | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321      | SAME                                       | \$ 16.95       |
| 5-04-04                         | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321      | "  | 9.81           |
| FROM<br>3-11-04<br>TO<br>5-7-04 | NORMAN L. PAWLEWSKI<br>3707 SW 28TH ST.<br>DES MOINES IA 50321      | "  | 12.50          |
|                                 |   |  |                |

TOTAL (PART I)

\$ 752.07**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAYED |
|----------------------|---|--|----------------|
|                      |   |  | \$             |
|                      |   |  |                |
|                      |   |  |                |
|                      |   |  |                |

TOTAL CASH REPAYMENTS (PART II)

\$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN

\$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ \_\_\_\_\_

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